• , PATENT APPLICATION FEE DETERMINATION RECOIL Effective October 1, 2003									10698269					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TYPE OR SMALL						
TC	TAL CLAIMS		19				-	RATE	Ξ.	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			(9) minus 20=		•			X\$ 9			OR	X\$18=		
INDEPENDENT CLAIMS			₩ minus 3 =		1			X43=		OR	X86=	86		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT		. 🗆			+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	/	OR	TOTAL	858	
CLAIMS AS AMENDED - PART II								OTHER THAN						
	(Column 1) (Column 2) (Column 3							SMAL	L E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· //	Minus	<del></del> (	2	=		X\$ 9=	=		OR	X\$18=		
	Independent	. 4	Minus	/	/	=		X43=			OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:	_		OR	+290=	7	
10,14,17								TOT			OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)									•					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=			OR	X\$18=		
	Independent			G1 A184	-		X43=			OR	X86=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						,	+145=			OR	+290=		
								TOTA ADDIT. FE			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	•	= .		X\$ 9=			OR	X\$18=		
	Independent	•	euniM	***		-		X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=	1		OR	+290=		
**	<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>								E L		OR	TOTAL ADDIT, FEE		
***	If the "Highest Nu	mber Previously Pa ber Previously Pai	id For IN THI	S SPACE &	less that	n 3. enter "3."	•	-		ropriate box				

Application or Docket Number